

STATE OF NEBRASKA SUBSTITUTE FORM W-9 & ACH ENROLLMENT FORM

Return Form to
the Requester.

(Rev. October
2013)

Requester Information:

Agency:	NEBRASKA DEPARTMENT OF ROADS	Phone:	800-764-0422 EXT 4770
Name:	RIGHT OF WAY DIVISION/PROPERTY MANAGEMENT	Fax:	402-479-3991
Address:	PO BOX 94759 LINCOLN NE 68509-4759	E-mail:	

Substitute Form W-9: (IRS Rev August 2013)

Name (as shown on your income tax return):

Business name/disregarded entity name, if different from above:

Check appropriate box for federal tax classification:

- ☐ Individual ☐ Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Non-Profit Entity ☐ Government (Local, State or Federal)
☐ Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____
☐ Other (see instructions) _____

Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Address:

Remit Address (if different):

City, state, and ZIP code

City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN):

OR

Employer Identification Number (EIN):

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General instructions.

Signature of US Person: _____

Date: _____

Printed Name: _____

Contact Phone: _____

Comments or Business/Entity Notes:

ACH Enrollment: (Rev. October 2013)

☐ Initial Setup

☐ Change

This information is REQUIRED to process payment over \$25,000. Without this information, your payment may be delayed.

Financial Institution Number:	Nine Digit Routing Number:	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	<input type="checkbox"/> Check here if the following must be discussed with your entity: There are new processing requirements for electronic vendor payments that are being sent to a financial institution outside of the United States. If our payments to you are being forwarded from a U.S financial institution to a financial institution in another country, please advise (identify who within your company).
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____

(Used for ACH payment notifications)

Vendor Signature:	Attachment Required: (Select and Attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a check
Title:	<input type="checkbox"/> Letter or statement from your financial institution
Date:	<input type="checkbox"/> Vendor Invoice or <input type="checkbox"/> Vendor Letter with ACH instructions

Project:

C.N.:

Tract No.: